

(Office use only)

\_\_\_\_\_  
Teacher / Grade School Year

WASHINGTON COUNTY PUBLIC SCHOOLS  
**DISTRICT EMERGENCY AND MEDICAL INFORMATION**

\_\_\_\_\_  
Student's Legal Name (Last, First, Middle) Gender Student Date of Birth

\_\_\_\_\_  
Home Street/911 Address , City, State, Zip Code

\_\_\_\_\_  
Mailing Address if different from above with City, State, Zip Code

**Ethnicity: Hispanic or Latino** (circle one): **Y N**

Race (check all that apply): White: \_\_\_\_\_ Black or African American: \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_

\_\_\_\_\_  
Primary Phone Bus Driver's Name Bus Animal Bus Number

Child lives with: both parents \_\_ mother \_\_ father \_\_ Other \_\_; please specify \_\_\_\_\_

Custody: \_\_\_\_\_  
(List any special custody problems and be sure to submit legal documents for the child's cumulative folder)

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Father/guardian's name Military **Y N** Home Phone Place of Employment Work Phone Cell Phone

\_\_\_\_\_  
Mother/guardian's name Military **Y N** Home Phone Place of Employment Work Phone Cell Phone

**Please list below anyone who has permission to pick up your child at any time including instances where he/she becomes sick or injured and you cannot be reached in the order they are to be contacted.**

1. \_\_\_\_\_  
Name Relationship to child Daytime phone Cell phone
2. \_\_\_\_\_  
Name Relationship to child Daytime phone Cell phone
3. \_\_\_\_\_  
Name Relationship to child Daytime phone Cell phone

Please list any allergies and reaction to the allergies that your child has:

Allergy \_\_\_\_\_ reaction \_\_\_\_\_

Allergy \_\_\_\_\_ reaction \_\_\_\_\_

Allergy \_\_\_\_\_ reaction \_\_\_\_\_

Chronic health problems: \_\_\_\_\_

Daily medications: \_\_\_\_\_

List any operations, serious injuries, or major illnesses this child had/has and give dates: \_\_\_\_\_

**(please complete the reverse side)**

List other children who live in the same household.

<u>Name</u>	<u>Relationship to above</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directions to the student's home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School health services are provided by the Washington County Health Department Staff.** IF you do not wish for your child to participate in the school health services program, you must submit a letter to the school nurse. Please list any services you do not desire for your child on the letter you submit.

In case of accident or serious illness during the school day, I request that the school contact me. **In case of emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and give the necessary treatment.** I understand that I will be responsible for any and all related charges.  
I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Additional space to list any other children living in the household, if necessary.***

<i>Name</i>	<i>relationship to named child</i>	<i>grade</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____